

ners, in common with other states in the Union, refuses to recognize any reciprocity with Illinois for certain of the years in question because of the low standards then obtaining. That is how the plan worked out in the great state of Illinois!

A side thought thereto is this: Would a future lay chief of the proposed California Professional Standards Department decide the above present board ruling to have been arbitrary or unjust? If so, then California would witness the influx of a goodly number of physicians who were licensed during the low standard régime years of Illinois, and no doubt a goodly number of these reciprocity applicants, after licensure here, would seek admission into the component county medical societies of the California Medical Association! Who could and who would say them, nay?

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As stated in the CALIFORNIA AND WESTERN MEDICINE editorial previously referred to, the plan of consolidation of the multitudinous bureaus and administrative agencies which existed in California in the past had and has much to commend it.

But the writer must submit his own opinion that the plan to include our California Board of Medical Examiners in such a Professional Standards Department may result in serious detriment to the public health and medical interests of the people of this state. And those interests are so vital a part of the rights of citizens that they should be paramount to economic reforms, which might be very applicable or desirable for boards of less grave or arduous responsibilities.

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We have only to look back at the last two or three decades and to consider the many delicate and serious medico-legal problems that have come before the present California Board of Medical Examiners and its predecessors, to be convinced that such difficulties would probably be multiplied and magnified under a direction less altruistic and less skilled than that given by present and former colleagues on the examining boards; who in the name of the medical profession have performed so efficiently and so generously these very important public health services for the people of California.

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Also, it is worth remembering that when the California Board of Medical Examiners would cease to exist as such, the Osteopathic and Chiropractic Boards, which came into existence several years ago through initiative vote of the people of California, would continue to function, with no loss of rights to the Professional Standards Department which the next legislature in all probability will be asked to bring into existence. In other words, those comparatively recent groups of practitioners are seemingly in a more independent and advantageous position than is our own group in the premises which will face us when the 1929 legislature convenes in January next. That is,

unless we inaugurate measures to prevent such proposed action being taken.

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The alternative procedures which the licensed physicians and surgeons of California and, more particularly, which the California Medical Association and its component county societies must consider may be said to be two:

First: To acquiesce in the elimination of the present Board of Medical Examiners, now composed of ten physicians and surgeons receiving pay so nominal that their services are practically a donation to the state, the place of such board being taken by a probable lay chief of a newly created Professional Standards Department and his salaried deputies; and

Second: The consideration of the desirability of having the California Medical Association sponsor an initiative which would keep the present board of medical examiners in existence; and which action would be requesting no greater rights from the citizens of California than those which they have already granted to osteopathic and chiropractic practitioners.

In this connection the question of also sponsoring an initiative for a Basic Science Board, such as was discussed on page 525 of the October, 1927 issue of this journal, would also come up for consideration.

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We medical men and women certainly have the right to fight vigorously for all those measures which will maintain to the highest possible average the educational and professional standards of our own group of practitioners, in order that we may the better serve the public health interests of California, as well as those sick and injured citizens of the commonwealth who seek our professional care and aid. It is therefore proper that this proposed legislation be called to the attention of the more than 4400 members of the California Medical Association. A special committee has already made a report on the subject to the Council of the California Medical Association and the same may be printed in due time.

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These preliminary comments are submitted in this issue so that members of component county societies, and especially the delegates and alternates thereof, may bring the matter to the attention of the officers and program committees of their respective county societies, in order that the questions at issue may be brought up and discussed in the March or April meetings of their local organizations.

If that is done the delegates who will represent the county societies at the next annual session of our association at Sacramento will be in position to act with decision on this important matter, which so vitally affects the interests not only of the medical profession, but of the lay citizens of California.

All members of county societies who believe this problem to be one of gravity are urged to take

steps to have an adequate discussion thereon take place at an early day in their respective county societies. The county society which fails to bring this matter to the attention of its members may be said to have failed somewhat as regards its obligations to organized medicine. The solution of the problem will be before the citizens of this state this Fall or the coming Spring, and the House of Delegates of the California Medical Association at the Sacramento meeting must determine what course of action shall be followed.

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If we decide on an initiative and are successful in regard thereto our licensure troubles with the California legislature of 1929 and its successors will have come to an end. If, however, we procrastinate or vacillate, then when the next legislative session convenes in January, 1929, we will have a serious proposition to consider; and in all probability our colleagues who will secure licenses in the future will also ponder as to why we permitted certain things to come to pass. And if physicians and surgeons of poor training and qualifications are admitted through such a new board, even those of us who practice in California today may have reasons to reproach ourselves in the days to come; for reasons more than one.

SOME HISTORICAL FACTS CONCERNING THE CALIFORNIA MEDICAL ASSOCIATION—THE COMMITTEE ON HISTORY OF THE C. M. A.

The annual directory of members of the California Medical Association, which was recently sent to each of its more than 4400 members, contained a brief historical account of the Association.

One paragraph in that sketch should be of more than passing interest to us, since it vividly portrays the marvelous growth of California in the last half-century; and indicates how the manifold agricultural, manufacturing, economic and cultural developments of this empire domain on the shores of the Pacific, associated with the wonderful changes in transportation facilities, have been responsible for great changes in the geographical make-up of the California Medical Association.

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The paragraph referred to made mention of the state society publication known as the *Annual Transactions*, and called attention to the fact printed in volume one, edition of 1873, that of the 195 members there listed, only seven were residents of southern California: four of these being from Santa Barbara County, two from San Diego County, and only one from Los Angeles County!

By contrast, the 1928 state directory of the California Medical Association shows that of the total membership in the society, some 2217 members are from the ten southern counties (including in that group the counties of San Diego, Riverside, San Bernardino, Imperial, Los Angeles, Santa Barbara, Ventura, Orange, San Luis

Obispo, and Kern), the remaining 2194 members being from the forty-eight counties north of the Tehachapi.

This new distribution of state society membership is explained, of course, on the basis of the increasing population growth in southern California, due to the various factors already mentioned, plus the changes made in topographical environment by bringing water to what previously could be called little more than grazing, waste, or desert land areas.

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From its founding up to the reorganization of the state medical association in 1901, when it was necessary to comply with the new regulation of the American Medical Association permitting the recognition by state associations of only one component medical society in any county, the membership rosters of the California Medical Association show that it was practically a northern California society; its counterpart or analogous organization in the south being the Southern California Medical Society, which came into existence in 1888.

On April 6, 1888, the proposal was put forward in the Los Angeles County Medical Association to organize a district medical society, and on June 8, 1888 the Southern California Medical Society came into existence, with forty-eight charter members distributed as follows in the then southern counties: Los Angeles, 37; San Diego, 6; San Bernardino, 4; and Kern, 1.

In that same year, of the 416 members in the state medical association, only forty-one were from the South, by counties being credited: Los Angeles, 23; San Diego, 11; Santa Barbara, 4; Orange, 2; Kern, 1.

The dental profession has had a somewhat similar experience, and in California still presents two large dental organizations, one for the region north, and the other for the district south of the Tehachapi.

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The official register of physicians and surgeons in the state of California of date of January 31, 1885, as compiled by the Board of Medical Examiners of the Medical Society of the State of California, prints a copy of "An act to regulate the practice of medicine in the state of California," which became a law on April 3, 1876, and which was amended on April 1, 1878; those statutes making official recognition of the corporations known as "The Medical Society of the State of California," "The Eclectic Medical Society of the State of California," and "The California State Homeopathic Medical Society," and providing for the appointment of the state examining board by those organizations.

The official register of 1885 contains the following interesting items:

"The number of certificates issued by the Board of Examiners of the Medical Society of the State of California, to date (1885), is 1698; number issued by the Homeopathic Boards, 217; number